Name in Full: Agnes Jeanette Arnold

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Palmers; County: St. Mary's

Date of death 1904: Month: 10; Day: 18

Age: Years: —; Months: 5; Days: 18

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Herbert Arnold; Father's Birthplace: Md

Mother's Maiden Name: Regina Harden; Mother's Birthplace: Md

Name of person giving In formation: Richard H. Arnold; How related to deceased: Father

CAUSES OF DEATH

Primary: Pneumonia; How long: 7 days

Immediate: Convulsions 93; How long: Some hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robt. V. Palmer

Address: Palmers Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Nellie Bankins

Certificate of Death

Died at Town: Hallywood County: St Mary's MARYLAND

Date 1904 Month 10 Day 13 Age Y. 34 M. D. Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife

Father's Name Hesekiah Clark Mother's Name Mollie Stevens

Cause of Death: Primary Consumption How long sick 2 years

Immediate Accident, Suicide, Homicide

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Reported by J. O. King

Address Oakville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Ellen Cronder

Certificate of Death

Died at Town St. Georges Island County St. Mary's MARYLAND

Date 1904 Month Oct. Day 22 | Age Y. 36 M. — D. — | Native of Maryland | Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Frank Cronder

Father's Name Richard Moore Mother's Maiden Name Kate Hassard

82

Cause of Death: Primary Pulmonary Embolism

Immediate

How long sick a few hours

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by T. Hooper Speak, M.D.

Address Valley Lee St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828

Name in Full: James O Horsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leonardtown; County: St Marys

Date of death: Month: Oct. Day: 1st 1904

Age: Years: — Months: 8 Days: —

Sex: Male

Color or Race: Black

Birthplace: St Marys Co

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James O. Horsey

Father's Birthplace: St Marys Co

Mother's Maiden Name: Louisa Hebb

Mother's Birthplace: St. Marys Co.

Name of person giving information: James O Horsey

How related to deceased: Brother

CAUSES OF DEATH

105

Primary: Enteritis

How long: 12 days

Immediate: Acute Secondary Meningitis

How long: 48 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Greenwell

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John F. Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Market — County: St. Mary's

Date of death 1904: Month: Oct. — Day: 20 — Years: Age 57 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Butcher

Name of Wife or Husband: Fannie Griffin

Father's Name: Jordan Dorsey — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Smoot — Mother's Birthplace: Maryland

Name of person giving Information: Fannie Dorsey — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Stomach — How long: Six months

Immediate: 40 — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Zach. R. Morgan, M.D.

Address: Mechanicsville, Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full Henry Carroll Herbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Choptico	County St. Marys		
Date of death 1904	Month Oct.	Day 25	Age Years 18 Months 11 Days 4
Sex Male	Color or Race Colored	Birthplace Md	
Occupation –	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name J. Henry Herbert		Father's Birthplace Md	
Mother's Maiden Name Henrietta Holmes		Mother's Birthplace Md	
Name of person giving Information J. Henry Herbert		How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Tuberculosis of Lungs	How long 2 years
Immediate Hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician L. B. Johnson
~~L. B.~~	Address Morganza –
Accident or Suicide?	

LIBRARY BUREAU A48516

Name in Full

Certificate of Death

John. Lewis Johnson

Died at Town: Jarboesville County: St. Marys MARYLAND

Date 1904 Month: October Day: 29 Age Y. 54 M. D. Native of: Maryland Occupation: Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 10

~~Wife~~ Husband of Mary Johnson

Father's Name: Daniel Johnson Mother's Name: Tressy Johnson

Cause of Death: Primary: Cerebral Hemorrhage. How long sick: About 3 weeks

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A L. Hodgdon M D

Address Jarboesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Annie Mattingly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Abells — County: St. Mary's

Date of death 1904: Month: 10 — Day: 21 — Age: Years: 2 — Months: 5 — Days: —

Sex: Female — Color or Race: White — Birthplace: md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Walter Mattingly — Father's Birthplace: md

Mother's Maiden Name: Lizzie Morris — Mother's Birthplace: md

Name of person giving Information: Walter Mattingly — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: C — How long: 93

Immediate: Pneumonia — How long: 9 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robt. V. Palmer

Address: Palmers md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Anna Morgan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Morganza — County: St. Marys

Date of death: Month: Oct. — Day: 10 — Years: 0 — Months: 9 — Days: 0

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: – — Where Residing if not at place of death: –

Married, Single or Widowed: – — Name of Wife or Husband: –

Father's Name: J. Tom. Morgan — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving information: J. Tom Morgan — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero-Colitis — How long: 2 Weeks

Immediate: — How long:

105

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. B. Johnson

Address: Morganza

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph Lee Morgan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Chaptico | County: St. Mary's

Date of death 1904: Month: Oct | Day: 12 | Age: Years: — | Months: Three | Days: —

Sex: Male | Color or Race: White | Birthplace: St. Mary's Co. Md.

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

Father's Name: George H. Morgan | Father's Birthplace: Maryland

Mother's Maiden Name: Ida Goldsborough | Mother's Birthplace: Maryland

Name of person giving In formation: George H. Morgan | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diarrhoea | How long: Four weeks

Immediate: Exhaustion | How long: a few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Zach. D. Morgan, M.D.

Address: Mechanicsville, Md.

Accident or Suicide?

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LIBRARY BUREAU A38516

Name in Full: Beatrice Moulden

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mechanicsville County: St. Mary's

Date of death 1904	Month	Day	Years	Months	Days
	Oct.	20	—	Two	—

Sex: Female | Color or Race: Colored | Birthplace: St. Mary's Co.

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

Father's Name: Fred. Moulden | Father's Birthplace: Maryland

Mother's Maiden Name: Jane Combs | Mother's Birthplace: Maryland

Name of person giving In formation: Fred. Moulden | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diarrhoea 105 | How long: All her life

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Zach. R. Morgan, M.D.

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Owens

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town	River Springs
County	St Mary's
Date of death 190	4
Month	10
Day	26
Age Years	—
Months	—
Days	6
Sex	Female
Color or Race	White
Birthplace	md
Merried, Single or Widowed	—
Occupation	—
Name of Wife or Husband	—
Father's Name	George Frank Owens
Fether's Birthplace	md
Mother's Maiden Name	Jenera Cooke
Mother's Birthplace	md
Name of person giving In formation	Geo. F. Owens
How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Congenital debility W.C. 16 x 4 yr
How long	
Immediate	unable to take food
How long	6 days
Are the name, age, sex, color, date end place correctly given ebove?	yes
Signature of Physician	Robt. V. Palmer
Address	Palmers md
Accident or Suicide?	

LIBRARY BUREAU A83516

Name in Full: Mary Elizabeth Raley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Leonardtown — County:

Date of death: 1904 — Month: Oct — Day: 24 — Age: Years 19 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: St Marys Co

Occupation: House-girl — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Mary Frances Raley — Mother's Birthplace: St Marys Co

Name of person giving Information: Nula Ford — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 8 weeks

Immediate: Cerebritis — How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. T. Greenwell

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: William A Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Leonardtown — County: St Marys

Date of death: 1904 — Month: Oct. — Day: 20 — Years: Age 74 — Months — Days

Sex: Male — Color or Race: white — Birthplace: St. Marys Co

Occupation: Farmer — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: widower — Name of Wife or ~~Husband~~: Marion C Smith

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: Paul S. Hayden. — How related to deceased: Son in law

1908

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction for Strangulated Hernia — How long: 4 days

Immediate: Shock following operation — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. P. Greenwell

Address: Leonardtown Md

Accident or Suicide?

LIBRARY BUREAU A6881B

Name in Full	Unknown		CERTIFICATE OF DEATH
			MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Don't Know	County: Don't Know	
Date of death 190	Month: Don't Know	Day	Age: Years: Don't Know; Months	Days
Sex	Male	Color or Race: White	Birthplace: —
Married, Single or Widowed	Don't Know	Occupation: Don't Know	
Name of Wife or Husband	Don't Know		
Father's Name	Don't Know		Father's Birthplace: —
Mother's Maiden Name	Don't Know		Mother's Birthplace: —
Name of person giving In formation	G. J. Smith		How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Drowned	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: G. J. Smith M.D.	
	Address: [illegible]	
Accident or Suicide?		

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LIBRARY BUREAU A86316